

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 Primary Registration District No. 1003 Registrar's No. 3618 -61-015411 STATE FILE NUMBER

AMENDED FILED APR 24 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3618

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b		c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. ANTHONY HOSP.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3947 WINNEBAGO</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>KARL</b> Middle <b>MACHANY</b> Last				4. DATE OF DEATH Month <b>APRIL</b> Day <b>14</b> Year <b>1961</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>DEC 15, 1896</b>		9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BEER BOTTLER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>BUSCH BREWERY</b>				11. BIRTHPLACE (City and state or country) <b>AUSTRIA</b>		12. CITIZEN OF WHAT COUNTRY <b>U-S-A</b>			
13a. FATHER'S NAME <b>JOSEPH MACHANY</b>				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE <b>FRANCES MACHANY</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>						17. INFORMANT Address <b>FRANCES MACHANY 3947 WINNEBAGO</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMATOSIS</b>										INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>			
DUE TO (b) <b>Primary carcinoma of jaw.</b>													
DUE TO (c) <b>1960</b>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)								
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <b>12-16-60</b> to <b>April 14-61</b> and last saw him alive on <b>4-14-61</b> Death occurred at <b>12 NOON</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Albert J. Grade M.D.</b> (Degree or title)						22b. ADDRESS <b>3606 Gravois</b>			22c. DATE SIGNED <b>4-15-61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)		(State)			
<b>BURIAL</b>			<b>APR. 17, 1961</b>		<b>ST. PETER + PAUL</b>			<b>ST. LOUIS</b>		<b>MO.</b>			
24. FUNERAL DIRECTOR <b>Thomas Kuter 2906 Gravois</b> ADDRESS					25. DATE RECD. BY LOCAL REG. <b>APR 17 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loed Smith, M.D.</b>						

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Seaside

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.